Willow Health Limited

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on the 27 April 2017 and was unannounced.

The service is registered to provide accommodation and personal care support for up to seven people who have a learning disability and /or an autistic spectrum disorder. There were six people living at the service on the day of our inspection.

There was a registered manager in post who is registered as manager for this service and another nearby service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager did not attend for the inspection as they had a meeting with the directors at another service.

People were supported by an experienced staff team who knew them well. Risks to individuals from distressed behaviours and the environment were identified and guidance provided to staff on the steps that they should take to mitigate the risks. Records however were not always well maintained and meant that oversight of safety was not fully effective.

The systems in place to safeguard people from abuse were not sufficiently robust. Staff received training in safeguarding and there was guidance for them to follow if they had concerns but this was out of date and not sufficiently comprehensive. Incidents had occurred which had not been recognised as safeguarding.

Medication was not consistently well managed and this placed people at risk.

There were sufficient staff available to support people however recruitment procedures for new staff were in need of strengthening to ensure that people were protected.

Newly appointed staff received an induction to ensure that they had the knowledge to meet people's needs and ongoing training was provided for existing staff to ensure that their skills were kept up to date.

Staff understood the principles of consent, but were not knowledgeable about the Mental Capacity Act 2005

(MCA) and best interest decisions were not clear or decision specific. Therefore we could not be assured that people were always supported to have maximum choice and control over their lives. Staff did not always support people in the least restrictive way possible.

People had sufficient amounts to eat and their nutritional needs were met. Care records demonstrated that people had good access to health care support when needed.

People told us that they were happy and we observed that they had good relationships with staff. Staff were kind but there was a lack of flexibility in the routines and dignity was not always promoted.

There was a complaints procedure in place to address concerns and the management had a number of ways of gathering people's views including satisfaction surveys.

Care plans were detailed and informative. Reviews were held on a yearly basis but more regular analysis would enable issues to be identified and goals to be set.

People were provided with opportunities to access the local community but these were largely on a group basis. People would benefit from more individualised and imaginative opportunities.

At the last inspection we required the provider to strengthen the quality assurance systems. At this inspection we found that there were systems in place but they were not well developed. We did not see evidence that they drove improvement or challenged practice to develop a high quality innovative service for people.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

People's medicines were not always managed in a safe way.

Safeguarding procedures and processes should be strengthened to further protect people.

Staff were experienced and effectively deployed to meet people's needs.

Recruitment procedures were in place but did not always offer protection to people.

Risks to people were assessed and reviewed as necessary to keep people safe. Records did not always support effective oversight of safety.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

The principles of the Mental Capacity Act were not fully understood by staff.

People were supported to maintain their wellbeing and had good access to health professionals.

People were supported to maintain a balanced diet.

Staff received ongoing training and support.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People were not consistently treated with respect.

Staff were knowledgeable about people's care and support needs. They knew how best to communicate with people.

People's independence was promoted.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People's needs and preferences were outlined in a care plan however this would benefit from review and a greater focus on peoples aspirations and goals.

Activities were available for people to access which promoted their wellbeing however these would benefit from being more individualised.

People were encouraged to raise concerns and there was a complaints procedure in place.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

Improvements had been made since the last inspection and audits were being undertaken. However these were not fully effective as they had not identified some of the shortfalls we found.

Feedback was sought from people using the service and their relatives.

# Willow Health Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27 April 2017 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we held about the service. The provider completed a provider information return (PIR.) This is a form that asks the provider to give key information about the service, what it does well and the improvements they plan to make. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

Not everyone at the service was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people, who were unable to tell us directly.

We spoke with four care staff and the team leader. We looked at three people's care records, two staff files, training records and information relating to how the safety and quality of the service was being monitored.

Requires Improvement

# Our findings

People's medicines were not safely managed and placed people at risk. We looked at the storage of medicines and saw that they were stored in people's rooms in a wall cabinet fixed to the wall. The key was stored alongside the medicines, attached by string to the medication administration chart. The medication was therefore fully accessible and was not securely stored. The care plan for people living in the service stated that they did not have capacity to manage their own medicines.

We looked at samples of people's medication and found two examples where the amounts of medication did not tally with the records. We saw that audits had been undertaken but these were also incorrect and they did not identify that the amounts of medication did not tally. One of the medicines we looked at was administered on a PRN basis or as when needed and this required staff to make a judgement about whether this should be given. There was no written guidance to guide staff as to the circumstances that this should be given.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The systems in place to safeguard people from abuse were not sufficiently robust. Staff told us that they had received training on safeguarding procedures and told us that they would not hesitate to report any concerns. Staff expressed confidence that matters of concern would be addressed by the management team although were not clear on the role of the local authority. We looked at the safeguarding policy and saw that it had not been recently reviewed and it did not provide staff with guidance of contacts external to the organisation such as the local safeguarding team. We saw that there had been physical incidents which had occurred between people living in the service such as, where one person had pulled another resulting in an injury; however these were not recognised as being safeguarding and therefore not reported.

At the last inspection we identified that the provider had taken the responsibility for safeguarding some people's finances for everyday expenses. There were processes in place but we could not see that these were fully effective and protected all concerned. At the last inspection we recommended that checks were made to protect people from abuse. At this inspection we checked the records and saw that there were receipts were in place and staff signed when they made withdrawals. We checked these records with a member of staff and found that the amounts did not tally, we asked the manager to undertake an investigation. They told us that they checked the amounts five days later and they were accurate.

The shortfalls in safeguarding procedures is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support from sufficient numbers of staff who knew them. At our previous inspection we found that staff absences were not covered appropriately and the numbers of staff did not promote individualised care. At this inspection we found that the numbers of staff had increased and there were three staff on duty during the day. This meant that people were able to access a wider range of activities. The numbers of staff were reduced at weekends but staff told us that this was satisfactory as a number of individuals went home so the numbers of people being supported was reduced. The majority of staff were long serving and had worked at the service for some time. Absences were covered from within the staff team but we were told that there was also occasional agency use.

We looked at the recruitment of staff to check that they operated a safe and effective system and found shortfalls which placed people at risk of receiving poor care. We examined two staff files and saw that an application form was completed; records were maintained of interviews and references were requested. The procedures were not sufficiently robust as references were not always requested from the individual's last employer. This meant that they may not identify staff who may have been dismissed from previous employment. Disclosure and barring checks (DBS) were requested but were not always in place before individual's commenced employment. The manager assured us that steps were taken in the interim to protect people including undertaking an initial check with the disclosure and barring list and increased supervision and monitoring. Where the DBS identified that a prospective staff member had offences, risk assessments to protect people and reduce the risk were not undertaken. It was agreed with the manager that they would take steps to further safeguard people including undertaking risk assessments and obtaining references from individual's last employer.

Behavioural support plans were in place which were detailed and informative. Incident reports were completed following incidents and these included body maps to record any injuries. We observed a member of staff completing a report following an incident and they said, "If [staff] see a bruise, they know where it has come from."

The management of the service told us that they use Positive Proactive Interventions (PPI) and restraint is used as the last resort for the least amount of time. Staff told us that they had received training on physical restraint, however when we checked with the manager we found that this was not accredited training. A review of recent incidents indicated that restraint had been undertaken, following an incident between two people in the service. The manager told us that they only used a small number of holds but the documentation did not show the decision making process, what alternatives were considered and why rejected. There was no post incident analysis undertaken to ascertain what had happened and identify learning.

Risk assessments were in place to reduce the risk of harm occurring. For example, we saw that one individual had a risk assessment for using the hoist and sling. The management of the service had sought advice from health professionals and the risk assessment stated the sling to use and what loops should be used to attach the sling to the hoist. The provision of clear guidance for staff information reduces the likelihood of error. There was also a risk assessment for pressure care which gave staff specific guidance to protect skin when providing personal care.

The building was in a good state of repair and we saw that upgrading of the environment had taken place. There were some environmental risk assessments in place and evidence that the provider had taken steps to identify potential risks and reduce the likelihood of injury. For example, portable electrical appliances had

been tested and checks were undertaken on emergency lighting. However some of the records were poorly organised and it was difficult to ascertain whether checks were sufficiently robust, for example, we could not find details of checks on fire extinguishers, gas safety, checks on water temperatures and legionella. The manager assured us that these had been undertaken.

Requires Improvement

# Our findings

At our previous inspection we found that the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) was not well understood and we recommended that the manager sought further advice. The MCA provides a legal framework for making particular decision on behalf of people who may lack the mental capacity to do so for themselves. The act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity any decisions made on their behalf must be in their best interests and as least restrictive as possible. The DoLS provides a legal framework that allows a person who lacks capacity to be deprived of their liberty if this is done in the least restrictive way and it is in their best interest to do so. The manager told us that they had made an application for one individual and were awaiting the outcome.

At this inspection we found a lack of clarity about the mental capacity act and while the service had started the process of assessing if people had mental capacity, the assessments were not in line with the legislation, as they were not decision specific or clear. For example, there was a mental capacity assessment in place for community access but it stated that the person had capacity but in another section it stated that they lacked capacity. We found that there was a number of restrictions in place and there were no best interest decisions in place to evidence that the service were fulfilling their legal responsibilities under the mental capacity act. For example, one person had a monitor in place to enable staff to observe them at night; a number of other people who lived in the service did not have access to their clothing as their clothing was locked away. When we asked staff about this we were told that, "Clothes are locked away as they would be all over the room." We could not see how locking away peoples clothing was the least restrictive way of keeping them safe and maintaining their freedom. One person had a restriction on their fluid intake and staff were not clear of the reason other than it was related to their health and had always been this way. We observed the individual asking for a drink and being told that they had to wait. We have asked the manager to seek medical advice and ensure that the rationale for this restriction is clear and that a best interest decision is undertaken

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their health care needs. Individuals had a Health and Welfare plan which provided clear information about the actions staff should take to promote good individual health. Peoples weight was regularly monitored to identify any weight loss which could be an indicator of ill-health. We saw

that individuals regularly saw the GP and other professionals such as dentists. Staff supported individuals to attend hospital appointments and the outcome and advice given was clearly recorded for other staff to follow. Where risks to health had been identified advice had been obtained and referrals made to other health professionals. One of the individuals we looked at had epilepsy and we saw that there was a plan in place for staff to follow in the event of a seizure. We looked at the records of seizures and saw that staff were recording when these occurred, but the information did not correlate with the management plan which gave specific guidance depending on the type of seizure. We spoke to staff about this and they told us that they were not qualified to make a judgement about the type of seizure and we have asked the provider to therefore amend care plan accordingly. We saw that another individual had been prescribed Buccal a medication which should be given in an emergency. We saw that this was stored in a box for staff to take with them when they went out on activities. We advised staff to endure that details of the administration arrangements were also included.

Staff told us that they received an induction when they started to work at the service. This included training, as well as time to read care plans and procedures. They also undertook a number of supernumerary shifts at the service where they observed an experienced member of staff. There was a training matrix which set out what training had been completed by which staff and identified any staff who required refresher training to update their skills. Certificates were on file to evidence that staff completed training on a range of areas including safeguarding and first aid. Following training staff completed questionnaires to evidence what they had learned and the manager undertook a series of observations to ascertain that they were competent. We saw that competency assessments had been undertaken on medication administration.

Staff told us that once the induction was complete there was an ongoing training programme and they were supported to undertake further training such as Qualification Credit Framework (QCF). Staff told us that they were well supported and they received supervision meetings on a regular basis.

People were supported to eat and drink according to their needs and preferences. On the day of our inspection people had a picnic lunch of sandwiches and the evening meal consisted of sausage rolls, spaghetti and mash. Individuals enjoyed the meal and when we asked one individual about the food they smiled and said, "Yum Yum. " One of the people living in the service assisted staff to prepare the sausage rolls. People sat at the table and ate together. We looked at the fridge and freezer and saw that they were well stocked with a range of fresh and frozen items.

Requires Improvement

# Our findings

One person told us, "I like living here." Another individual told us that, "[Person living in in the service] is my friend. "

The service had a family feel and the interactions we observed reflected this familiarity. Staff spoke about people with affection and we saw that they had built up relationships with people and we observed laughter and friendly banter. We heard one member of staff saying to another, "You think they are part for your family as you know them for so long." The culture of the service was however somewhat institutional as some routines appeared rigid, for example, there were set times for drinks and snacks. The manager told us that this was because the service supported some people with a diagnosis of autism and routines were important. We also identified issues in how staff spoke to people and each other and we had concerns that people were not always treated in a dignified way. For example, we observed staff telling people off and terms were used such as, "You are being silly," and "You little tinker." Respect for individuals was not always shown, for example, we heard one member of staff announce that they were taking an individual for a "pad change."

The staff we spoke with had a good knowledge of the people they supported. A number of staff had worked at the service for a number of years and were able to tell us about the individuals, their different personalities and how best to support them. They knew about people's needs and preferences which showed us they knew people well.

We saw that information was provided in a pictorial format using pictures and signs and symbols to help support communication and decision making. Staff told us that they could use pictures, photos, symbols to talk to the people using the service. Some staff were highly skilled at communicating with people and ascertaining their preferences. We observed a member of staff communicating with one individual who had limited verbal communication. They presented choices to the individual using both verbal communication and gestures which enabled them to communicate effectively. We observed another member of staff working alongside an individual on meal preparation. The member of staff gave clear instructions about each task that needed completing and lots of praise was given as each part was completed.

Staff told us that they supported people to, "Do as much as they can." We observed an individual unloading the washing machine and another person was encouraged to propel themselves along the corridor in their wheelchair. Care plans were written in a way that demonstrated that staff were aware of the importance of enablement. For example, the care plans stated what personal care individuals could do for themselves.

People were supported to maintain links with their family. There were a range of arrangements in place for people to keep in contact with those who were important to them including phone calls and home visits. Pictures of key family members were on display in people's rooms and included in the care plans.

Questionnaires had been completed by people living in the service about the care. These were presented in a pictorial format and the feedback was positive.

Requires Improvement

# Our findings

At our last inspection we found that care and support plans were detailed and informative but there was a need for more frequent review and greater focus on personalisation and best practice. At this inspection we found some improvements but people living in the service would benefit from greater emphasis on personalisation.

Care plans continued to be detailed and documented the support people needed and how they wished it to be provided, for example, details such as how people communicated, what makes the person smile and what is important to the person. The guidance for staff was provided in a step by step format which enabled staff to support people in a consistent way. For example, 'put shampoo in the palm [of individuals] hand.' Daily records were completed by staff and contained information about what people had been supported with, what they done and what they had eaten. There was also staff handovers between shifts which enabled staff coming on duty to know what had occurred since they last worked at the service.

Reviews with the placing authority had not been undertaken for some years but we were told that most people had family who were actively involved and advocated on their behalf. The service undertook care plan reviews on a yearly basis. We looked at a sample of these at part of our inspection and saw that they looked at a range of areas including the delivery of people's personal care and community access. However the outcome was "Continue" with largely no changes and we did not see any emphasis on broadening people's horizons. Actions or goals were not developed with people to look at how they could improve their quality of care.

At our last inspection we found a lack of innovation and that the activities on offer were limited. At this inspection we found that people's access to activities had improved although there continued to be an emphasis on group activities, which does not reflect best practice. We spoke with the manager about this and they us that group activities were undertaken because of funding restrictions. We recommend that reviews are undertaken and they seek advice from a reputable source on the provision of activities.

On the day of our inspection we found that people had gone out to a local park for a picnic, we were told that weather permitting this was a regular event. We saw that that trip to the seaside had been undertaken earlier in the week and two of the people using the service had started to visit another of the providers services to do a music activity. One person assisted a member of staff with cooking and another undertook some colouring. People however did not have an up to date individual activity planners which set out what they liked to do and what was planned for them.

There was a complaints procedure in place which was displayed and had been adapted to assist people with communication needs express any concerns. The manager told us that they were not currently dealing with any concerns.

Requires Improvement

# Our findings

At our previous inspection we found that the registered manager and provider had not always effectively monitored and driven improvement at the service. There was a lack of creativity in the provision of person centred care and governance was not effective. In response to our concerns we required the provider to provide us with an action plan setting out how they intended to address the shortfall. The action plan was received and assured us that audits would be strengthened and regular visits undertaken and documented to check on the quality of the provision.

We carried out this inspection to check the progress which had been made. The provider had recorded that they had made visits to the service to check on the care and staff confirmed that these visits had taken place. We saw audits had been undertaken on areas such as safeguarding, medication and infection control. The manager had also delegated a number of audits to staff to complete, and completed a monthly report for the provider. However these audits were not yet fully effective as they had not identified some of the issues that we found at the inspection such as shortfalls in medication and implementation of the Mental Capacity Act. The organisation and deployment of staffing had improved which meant that people had access to a greater variety of activities. However we found that the majority of community activities were undertaken in groups which did not reflect best practice and personalised care. We did not identify that peoples life experience had significantly improved since the last inspection despite a variety of audits being undertaken. The manager viewed some of the issues we identified as individual shortfalls and told us that staff would be subject to disciplinary processes rather than a shortfall in governance.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not supported by a service that had a good record management system. Records such as fire and health and safety documentation were poorly organised and difficult to find. The staffing rota was inaccurate, for example, as it recorded that the manager was on duty all day monday to friday at this service when this was clearly not the case. Poorly organised documentation places people at risk of receiving inconsistent or unsafe care.

The registered manager manages this service and another nearby service. They did not attend the service on the day of the inspection, as they had a meeting with the provider. A newly appointed team leader attended for a short period at the end of the day. Staff we spoke with told us that the registered manager was approachable and shared her time between the two services for which she is registered. Staff told us that

there were on call arrangements, and they had the manager's mobile number and were able to ring for advice if there was a problem.

Regular staff meetings were held for the different staff groups and staff told us that they received supervision meetings where they talked about their progress. There were systems to identify what training staff had completed and to check on effectiveness of the training. However we queried how robust these were as staff were not always implementing best practice. We saw that the manager also met with managers from the providers other services to look at strategy and discuss areas of interest as well as future developments.

Questionnaires had been sent out to relatives and the feedback was very positive, which demonstrated that they had confidence in the service. One person had written, " [ My relative] thinks that the willows is their home and they are very happy there.… The staff have a good understanding of the needs and work together to help [my relative] cope with the outside world."

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The principles of the mental capacity act were not fully understood or implemented in a way that offered protection to people |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not always managed in a safe way |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Safeguarding procedures were not clear and incidents were not always recognised as being safeguarding. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The auditing system was not yet fully effective |